

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Mississippi ☒J.W., a minor, by and through Amanda Williams
as Guardian and Next Friend,

Plaintiff(s)

v.

The City of Jackson, Mississippi; et al.

Defendant(s)

Civil Action No. 3:21-cv-00663-CWR-LGI

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

Mississippi Department of Health and Director Jim Craig
C/O Thomas E. Dobbs III, MD, MPH
State Health Officer
570 East Woodrow Wilson Drive
Jackson, MS 39216

A lawsuit has been filed against you.

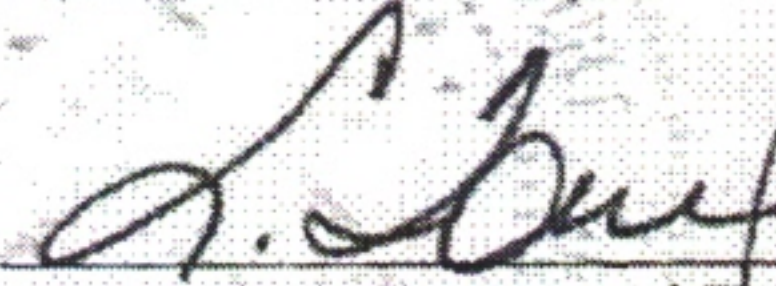
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Chhabra & Gibbs, P.A.
120 N Congress St Suite 200
Jackson, MS 39201

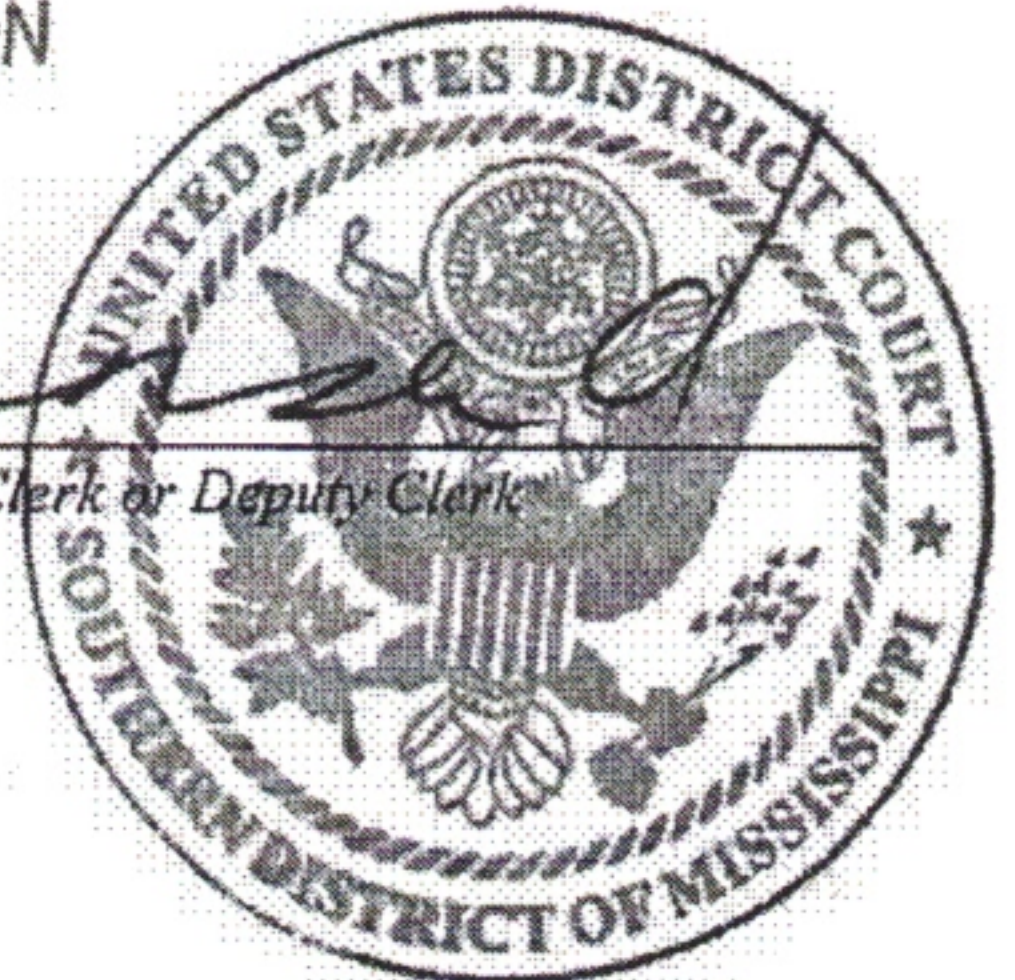
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:

OCT 20 2021

ARTHUR JOHNSTON
CLERK OF COURT

Signature of Clerk or Deputy Clerk



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Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) Mississippi Department of Health
 was received by me on (date) 11-11-2021 and Director Jim Craig

☐ I personally served the summons on the individual at (place) _____
 on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Jenny Griffin, who is
 designated by law to accept service of process on behalf of (name of organization) Mississippi
Department of Health and on (date) 11-12-2021 ; or
Director Jim Craig

☐ I returned the summons unexecuted because _____ ; or

☐ Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: 11-29-2021

Brian E. Moore
 Server's signature

Brian E. Moore process server
 Printed name and title

825 S. Cleveland Ext. Brookhaven
 Server's address
MS
39160

Additional information regarding attempted service, etc: